

UNITED STATES PATENT & TRADEMARK OFFICE
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REQUEST FOR PATENT FEE REFUND

| | | | | | | | | | | |
|--|---|--|------------------|-------------------|---|----|---|---|---|---|
| 1 Date of Request: <u>6 JAN. 2007</u> | | 2 Serial/Patent # <u>9/649975</u> | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | | | | | | | |
| <input type="checkbox"/> Filing | | | \$ | | | | | | | |
| <input type="checkbox"/> Amendment | | | \$ | | | | | | | |
| <input type="checkbox"/> Extension of Time | | | \$ | | | | | | | |
| <input type="checkbox"/> Notice of Appeal/Appeal | | | \$ | | | | | | | |
| <input checked="" type="checkbox"/> Petition | | <u>15</u> | <u>5 DEC 06</u> | <u>\$ 1500.00</u> | | | | | | |
| <input type="checkbox"/> Issue | | | \$ | | | | | | | |
| <input type="checkbox"/> Cert of Correction/Terminal Disc. | | | \$ | | | | | | | |
| <input type="checkbox"/> Maintenance | | | \$ | | | | | | | |
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| <input type="checkbox"/> Other | | | \$ | | | | | | | |
| | | 7 TOTAL AMOUNT OF REFUND | <u>\$1500.00</u> | | | | | | | |
| | | 8 TO BE REFUNDED BY: | | | | | | | | |
| | | <input type="checkbox"/> Treasury Check | | | | | | | | |
| <input type="checkbox"/> Overpayment | | <input checked="" type="checkbox"/> Credit Deposit A/C #: | | | | | | | | |
| <input checked="" type="checkbox"/> Duplicate Payment | | <u>9</u> <table border="1" style="display: inline-table;"><tr><td>0</td><td>7</td><td>--</td><td>0</td><td>8</td><td>3</td><td>2</td></tr></table> | | 0 | 7 | -- | 0 | 8 | 3 | 2 |
| 0 | 7 | -- | 0 | 8 | 3 | 2 | | | | |
| <input checked="" type="checkbox"/> No Fee Due (Explanation): <i>The Petition fee was previously paid, on 13 Jan. 2005.</i> | | | | | | | | | | |
| 11 REFUND REQUESTED BY: <u>G. Dambroske</u> | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>G. Dambroske</u> | | TITLE: <u>PCT Legal Examiner</u> | | | | | | | | |
| SIGNATURE: <u>G. Dambroske</u> | | PHONE: <u>571-272-3283</u> | | | | | | | | |
| OFFICE: <u>Office of PCT Legal Admin.</u> | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY ***** | | | | | | | | | | |
| APPROVED: <u>CKB</u> | | DATE: <u>1/18/07</u> | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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Crystal Park One, Room 802B